

**Joint Committee on Surgical Training**

**Review of Training Interface Groups (TIGs)**

**Final report**

**[A] Preamble**

**1.0 Introduction**

Training interface groups (TIGs) were established to oversee advanced subspecialty training in cross specialty areas of clinical work, with a particular emphasis on developing consultants with the specific expertise to provide a service to the NHS in niche areas of work. Governance of the TIGs was described in the remit of the JCST in 2008 – *“to develop, implement and maintain a structured curriculum of training for ..... Training Interface Groups”*. Following the review of the SACs, JCST decided that a review of TIG governance was appropriate.

1.1 Five TIGs are currently in operation:

- Hand Surgery (Trauma & Orthopaedics and Plastic Surgery) - HS
- Cleft Lip and Palate Surgery (OMFS, ENT and Plastic Surgery) - CLP
- Oncoplastic Breast Surgery (Plastic Surgery and General Surgery) - OB
- Head and Neck Surgical Oncology (OMFS, ENT, Plastic Surgery) - H&N
- Reconstructive Cosmetic Surgery (OMFS, ENT, Plastic Surgery and General Surgery) - RCS

1.2 Each TIG has a different number of members (eight to 25), a different number of trainees (3 – 15), different terms of reference, and the length of the training fellowships vary from four months (RCS) to two years (CLP).

1.3 Each TIG meets at least twice each year.

1.4 The Chair of each TIG is recruited from within the membership of the TIG.

1.5 All five TIGs are supported by the Southwest LETB (Severn sector) through the Lead Dean and an appointed Educational Advisor.

1.6 The Educational Advisor is expected to attend all TIG meetings, shares best practice and is responsible for the coordination and facilitation of TIG business – the Lead Dean finds this role very important and essential to the effective running of the groups.

1.7 There does not seem to be a well-defined QA process for the TIGs. Some TIGs undertake site visits – this can be to review trainee progress but has been also used to assess posts as to their suitability for taking TIG trainees. Formal trainee assessment takes place through the trainee’s host Deanery / LETB and the ARCP process.

1.8 TIG trainee recruitment is arranged and co-ordinated by the Southwest LETB (Severn sector). Members of the TIGs are part of the recruitment process.

- 1.9 Some of the TIGs have defined curricula, some are in the process of developing one but some do not. All TIG curricula require to be signed off by the parent SACs and submitted to the GMC for approval.
- 1.10 The finished product of the TIGs varies quite considerably. Some of the TIG fellowships are seen as tasters for the specialty (e.g. RCS), whereas others are seen as a definitive requirement to allow someone to take up a consultant post in the subspecialty (e.g. CLP). All fellowships are currently pre-Certification.
- 1.11 A meeting of the TIG Chairs takes place once or twice each year. This is chaired by the Lead Dean.
- 1.12 TIG fellowships are very popular and competition for posts is stiff.

## **2.0 The Review Group**

- 2.1 A Training Interface Review Group was established by the JCST to undertake a root and branch review of the structure, function, roles and responsibilities of Training Interface Groups. The terms of reference for the group are outlined in appendix 1.
- 2.2 Membership of the TIG Review Group:
  - Mr Bill Allum, Chair JCST
  - Ms Susana Cipriano, Deputy Head of the JCST Secretariat
  - Mr Aidan Fitzgerald, former Chair, SAC in Plastic Surgery and current Chair, Reconstructive Cosmetic Surgery TIG
  - Mr Graham Haddock, recent Chair of the JCST QA Group (Chair)
  - Miss Sue Hignett, Trainee representative, TIG Fellow
  - Mr David Koppel, Chair, SAC in OMFS
  - Miss Ciara McGoldrick, Trainee representative, ASiT
  - Mr Dai Newington, Chair, Hand Surgery TIG
  - Mr Andy Reid, Chair, Head & Neck Surgical Oncology TIG
  - Dr Geoff Wright, Lead Dean
- 2.3 The Review Group met three times and conducted the rest of its business electronically.
- 2.4 The agreed timeline for the work of the group was:
  - July 2015 Initial meeting
  - July/August 2015 Information gathering
  - September 2015 Second meeting
  - September/October 2015 Formulation of final proposals
  - November/December 2015 Consultation on proposals
  - March 2016 Third meeting
  - April 2016 Final report to JCST

### **3.0 The consultation**

- 3.1 An initial draft report was circulated to a wide group of stakeholders for consultation.
- 3.2 On the basis of feedback obtained from Specialty Advisory Committees, chairs and members, Specialty Associations, the lead Deans for Surgery and for TIGs, Training Interface Groups, chairs and members and individuals, the working group has decided to make some changes to the original recommendations made in the draft report.
- 3.3 The significant changes to the recommendation made in the draft report have been marked \*\* in this final report for ease of reference.

### **4.0 The General Medical Council view on TIGs**

- 4.1 The GMC takes the view that the aim of the fellowships is to ensure excellence in a selected group of talented trainees.
- 4.2 The TIG curricula are GMC approved but must be part of the overall parent specialty curriculum as they are done pre-Certification – they are regarded as an optional “module” within specialty training but it is appreciated that they are appointed by competitive interview.
- 4.3 As the majority of interface fellowships are undertaken in the final year of training, it is expected that each TIG curriculum should ensure the TIG fellow achieves the remaining competences defined in the parent curriculum in the same way as a peer colleague who is going through ST8 to reach the same standard for certification.
- 4.4 The additional competences in the TIG curriculum are extra and promote excellence.
- 4.5 The GMC’s expectation is that at the final ARCP (post completion of the fellowship) the ARCP panel will assess whether the trainee has achieved the required competences in the parent specialty curriculum and thus be eligible for an ARCP6. If they do not reach these then an ARCP3 would be awarded.
- 4.6 With respect to the TIG fellowship competences, the GMC is happy that the trainee could be awarded an “internal” JCST designated certificate to confirm satisfactory completion of the fellowship.
- 4.7 At the end of a TIG Fellowship, there are therefore four possible outcomes for the trainee:
  - successful completion of both parent specialty training and TIG Fellowship – trainee awarded an ARCP outcome 6 and a JCST TIG Fellowship certificate
  - successful completion of parent specialty but not of the TIG Fellowship – trainee awarded an ARCP outcome 6 but no TIG certificate
  - successful completion of the TIG fellowship but unsuccessful completion of parent specialty (unlikely)
  - unsuccessful completion of parent specialty and TIG – trainee awarded an ARCP outcome 3 and no TIG certificate (most unlikely)

## [B] The new arrangements

### **5.0 New Principles**

- 5.1 After lengthy discussions and consideration of the various options available for TIG Fellowships, and in light of the GMC's view on interface training, the working group recommends the following:
  - 5.1.1 All TIG Fellowships should be pre-Certification (if required, trainees' expected certification dates may need to be extended to incorporate the fellowship period accordingly).
  - 5.1.2 All TIG Fellowships should allow senior trainees to develop a special interest in the area of practice encompassed by the Fellowship.
  - 5.1.3 All TIG Fellowships should encourage excellence in the area of practice of the Fellowship.
  - 5.1.4 All TIG Fellowships should normally be of a minimum of 12 months duration. In some circumstances consideration will be given to establishing fellowships of 6 months duration.
  - 5.1.5 All TIG Fellows on completion of the Fellowship should receive a certificate of completion listing the skills and competences achieved during the Fellowship. This certificate would be awarded by the TIG through the auspices of the JCST.
  
- 5.2 The working group were minded to further improve the oversight of TIG Fellowship Training.
  - 5.2.1 It is proposed to appoint a Fellowship Training Programme Director (Fellowship TPD) for each TIG Fellowship.
  - 5.2.2 This appointment would be made by, and answer to, the Lead LETB in consultation with the Chair of the JCST and the Chair of the Training Interface Oversight Group (see below) to an agreed role description (A possible role description for this new post is contained in appendix 2.)
  - 5.2.3 This appointment would attract a payment of 0.5 PAs.
  - 5.2.4 This appointment would be for three years and be renewable for a second term of three years.
  
- 5.3 The role of the Educational Advisor would be discontinued with the responsibilities currently resting with this post reverting to the Chair of the Training Interface Oversight Group (see below).
  
- 5.4 The responsibilities of the TIG and the Training Interface Oversight Group should include:
  - 5.4.1 Curriculum development
  - 5.4.2 Providing externality for the Fellowship posts
  - 5.4.3 Selection and recruitment (with the lead LETB).
  - 5.4.4 Developing and revising Fellowship outcome guidelines
  - 5.4.5 Identifying suitable centres to host TIG Fellowships
  - 5.4.6 Hosting an annual meeting of trainers involved in delivering TIG training

### **6.0 New governance structure for Interface Training\*\***

- 6.1 Each Fellowship will be overseen by an appropriately constituted Training Interface Group (TIG)
  
- 6.2 The membership of each TIG will be reconfigured as outlined in section 7.1.
  
- 6.3 An Interface Training Oversight Group (ITOG) will be established. This group will co-ordinate the common areas of work of the TIGs.

## [C] Training Interface Groups\*\*

### **7.0 The structure of the Training Interface Groups\*\***

- 7.1 All TIG members will have experience of managing training, whether as Training Programme Directors (TPDs), Specialty Training Committee (STC) Chairs, Assigned Educational Supervisors (AESs), through Deanery / LETB / School of Surgery work, Clinical Tutor (College or Training Region appointment), DME or SAC or TIG member, and satisfy GMC requirements as an Educational Supervisor.
- 7.2 The membership of any TIG will comprise (appendix 3 – membership table)
- A Chair (to be appointed in open competition by a process agreed by the Chair of the ITOG and the Chair of the JCST) – to be recruited from one of the main TIG specialties
  - The Fellowship Training Programme Director
  - One representative from each parent SAC (maximum of 3).
    - This person will not be an SAC Chair.
  - One representative from each relevant Specialty Association (maximum of 3)
    - It is not envisaged that any Specialty Association will require more than one representative on the TIG
  - One/Two trainee representatives (highest scoring trainees at selection interviews)
  - Staff support from the JCST
  - The size of any TIG is therefore expected to range from 6 to 10 and not to exceed 10 members (not including staff support).
- 7.3 The following will have right of attendance at all meetings of the TIGs:
- ITOG Chair (ex officio)
  - JCST Chair or representative (ex officio)
  - Lead Dean for Interface Training
  - Head of the JCST secretariat or representative
- 7.4 The Chair of the TIG will be appointed in open competition by a process to be determined and overseen by the Chair of the ITOG in consultation with the Chair of the JCST.

### **8.0 Appointment and term of office of members on the TIG\*\***

- 8.1 SAC and Specialty Association appointed members
- Members in this category will be appointed for a period not exceeding 3 years.
  - Members in this category will be subject to an annual appraisal process supervised by the Chair of the TIG, unless the TIG member is already part of the appraisal process in their capacity as an SAC member.
  - Members in this category who fail to attend two consecutive TIG meetings without due cause will be removed from membership of the TIG. Members should arrange for a deputy to attend on their behalf in the event that they cannot attend a meeting.
  - Any appointed member representing an SAC on the TIG will be appointed by the SAC Chair.
  - Any appointed members representing a Specialty Association will be appointed by a process to be determined by the Specialty Association.
- 8.2 Trainee members
- Members in this category will be appointed for a period not exceeding one year.

- Members in this category should have been, be or about to become a TIG Fellow.
- Members in this category who fail to attend two consecutive TIG meetings without due cause will be reported to the President of the relevant trainee body and potentially removed from the TIG. Members should arrange for a deputy to attend on their behalf in the event that they cannot attend a meeting.

## **9.0 Responsibilities of TIG members**

- 9.1 TIG members will be expected to attend all the relevant meetings each year.
- 9.2 Each SAC/Specialty Association representative will be required to attend the JCST Induction Day (which includes approved Equality and Diversity training) prior to commencing their role or within six months of appointment – failure to do so will result in removal from the TIG.
- 9.3 TIG members will be expected to fulfil their role as detailed in the job description (to be developed).
- 9.4 TIG members will be expected to be in good standing with the General Medical Council and have a current licence to practice in the specialty of one of the parent SAC specialties of the TIG.
- 9.5 TIG members will be required to inform the Chair of the TIG and the Chair of the ITOG in the event that they become subject to investigation by the GMC, the LETB/Deanery/ equivalent body or their employer. The Chair of the JCST should also be made aware of such situations.
- 9.6 TIG members might have their membership of the TIG suspended during any investigation outlined in 9.5.
- 9.7 TIG members might not engage in any TIG-related activity during any investigation outlined above.
- 9.8 TIG members may be approached to be GMC visitors – this will require bespoke GMC training.

## **10.0 Roles within the TIG**

- 10.1 Chair
- 10.2 Leads for
- Curriculum and curriculum development
  - Quality enhancement and externality
  - Selection and recruitment
- 10.3 It is not anticipated that the Trainee members of the TIG or the Fellowship Training Programme Director will lead on any of the areas of work outlined in 10.2

## **11.0 Meeting pattern (including different types of meeting)**

- 11.1 The TIG will meet at least two and no more than three times each calendar year.
- 11.2 The TIG will usually meet at least once each year at the Royal College of Surgeons of England.

11.3 Each TIG, with the other TIGs and the ITOG (see below), will organise and run an annual meeting of trainers involved in TIG Fellowships to discuss relevant issues and developments.

## **12.0 TIG responsibilities\*\***

12.1 The key responsibilities of each include:

- Curriculum and curriculum development (section 13.0)
- Quality enhancement and externality (section 14.0)
  - Including Quality Indicators
- Selection and recruitment of TIG Fellows (section 15.0)
- End of Fellowship Guidelines, ongoing assessment and certification (section 16.0)

12.2 Trainee matters including trainee support during the period of the fellowship.

12.3 Selection of training units:

- The TIG will be responsible for considering appropriate TIG training units for recommendation to the GMC for training approval, if such approval is not already in place through the relevant specialty training programmes in the LETB/Deanery.
- A suitable application process and form for new training units should be developed by the ITOG.
- The TIG and the ITOG do not have the authority to approve TIG training units outside of the process outlined in the previous bullet point.
- The TIG will review new applications with reference to the respective SAC Liaison Member in view of their knowledge of the local training programme

12.4 Effective communication with stakeholders

## **13.0 Curriculum and curriculum development**

13.1 All TIG Fellowships should have an agreed curriculum which should be signed off by the ITOG, the relevant SACs, the ISCP Curriculum Management Committee and the GMC.

13.1.2 All TIG Fellowship curricula should be modular.

13.1.3 Each TIG Fellowship curriculum should comprise:

- 13.1.3.1 'Core' modules which would be compulsory and common to all TIG Fellowships. These would include matters relating to general professional behaviour and medicolegal matters.
- 13.1.3.2 Specialty specific modules which should be agreed with the specialty SAC.

13.2 Host training providers should ensure the appointment of an Assigned Educational Supervisor (AES) for the TIG Fellow.

13.3 Trainees must negotiate with their Assigned Educational Supervisor which modules should be part of the Learning Agreement for the TIG Fellowship. These might include modules relevant to the trainee's parent specialty in addition to the relevant modules in the complementary specialties which make up the TIG fellowship.

13.4 The Curriculum for each TIG Fellowship should be reviewed every three years.

#### **14.0 Quality Enhancement and Externality**

- 14.1 Quality indicators should be developed for each TIG Fellowship. These need to be approved by the JCST QA Group.
- 14.2 Members of the TIG may be requested to offer external support to LETBs/Deaneries/LEPs and other bodies on an occasional basis, specifically for the specialty related fellowship(s).
- 14.3 The TIG has no authority to conduct visits of any sort outside of the visit process developed by the GMC which applies to all training bodies. TIG members may be invited to be part of a LETB/Deanery led visit to a training unit.
- 14.4 Each TIG Fellowship Training Programme Director would be expected to contribute to the JCST Annual Specialty Report (ASR) submitted to the GMC through the Chair of the ITOG.
- 14.5 SAC Liaison Members should have a role in providing reports to Fellowship TPDs on the quality of training provided by any Fellowship post.

#### **15.0 Selection and recruitment\*\***

- 15.1 Selection and recruitment to TIG Fellowship posts is the responsibility of the Lead LETB in consultation with the ITOG and relevant TIG member(s).
- 15.2 A detailed job description for each TIG Fellowship will be developed by the TIG and the ITOG in association with the Lead LETB.
- 15.3 Selection methodology will be agreed by the TIG, the ITOG and the Lead LETB in consultation with the JCST Selection Group.
- 15.4 The ITOG Lead for selection and recruitment will sit as a member of the JCST Selection Group.
- 15.4 Trainees will not be eligible to apply for a TIG Fellowship until:
  - 15.4.1 They have a letter of support from the Assigned Educational Supervisor and their Training Programme Director indicating that they are on course to achieve an outcome 6 at final ARCP and, in so doing, will have achieved all of the competences expected in their parent specialty.
- 15.5 Trainees will not be eligible to commence a TIG Fellowship until:
  - 15.5.1 They have passed the second part of the Intercollegiate Examination in their parent specialty.
- 15.6 Trainees whose fellowship takes them away from their host training programme will have to follow the GMC's requirements for approval for out of programme training (OOPT).

#### **16.0 End of Fellowship Guidelines, ongoing assessment and certification**

- 16.1 End of Fellowship guidelines should be developed for each Fellowship but tailored to the individual trainee depending on their parent specialty. These will need to be developed mindful of the different specialty backgrounds of each Fellow and must be considered in parallel with the learning agreement negotiated by the Fellow and their Assigned Educational Supervisor (AES) at the start of the Fellowship.



- 16.2 Each Fellow will be required to negotiate a learning agreement with their AES within 4 weeks of commencing the Fellowship. This should be recorded on the ISCP website system.
- 16.3 Interim reviews of progress should take place between the Fellow and their AES after three, six and nine months in post, and beyond if required.
- 16.4 A report will be generated by the Fellow's AES using the ISCP website system, which will contribute any decisions to be made at the final ARCP of the trainee conducted at their home LETB/Deanery.
- 16.5 The TIG Fellowship Training Programme Director may be invited to be part of the final ARCP process when Fellows are being discussed. This input may be possible by remote electronic means e.g. videoconferencing.

### **17.0 External relationships**

- 17.1 The TIG will be expected to maintain appropriate relationships with the following bodies:
- The ITOG
  - Specialty Associations
  - Relevant parent SACs
  - JCST
  - Postgraduate Deaneries/LETBs
  - Trainee Associations
  - Non-surgical Colleges
  - Confederation of Postgraduate Schools of Surgery (CoPSS)

### **18.0 Payment of expenses**

- 18.1 SAC appointed members' employing authorities will be expected to pay the reasonable expenses of SAC members attending TIG meetings.
- 18.2 Other members may receive expenses from their Specialty Association or nominated parent body.

## **[D] The Interface Training Oversight Group\*\***

### **19.0 The Interface Training Oversight Group\*\***

- 19.1 An Interface Training Oversight Group will be established to oversee all aspects of the work of the TIGs outlined above, to address matters of common interest to all TIGs and to liaise with and report to the JCST about TIG matters.
- 19.2 The membership of the ITOG will include:
- A Chair
  - The Lead Dean for Interface Training
  - The Chair of each TIG
  - The Fellowship TPD for each TIG
  - Two trainee representatives, elected by the current TIG fellows (who must have been or are currently Interface Trainees) – one must be a Plastic Surgery trainee, and the other will rotate amongst the other four parent specialties
  - Staff support from the JCST secretariat

- 19.3 The Chair of the ITOG will appoint a member of the ITOG to the following roles:
- Quality Improvement Lead for Interface Training
    - This person will sit on the JCST QA Group
  - Recruitment and Selection Lead for Interface Training
    - This person will sit on the JCST Recruitment and Selection Group
  - Curriculum Lead for Interface Training
    - This person will sit on the ISCP Management Committee

- 19.4 The following members of the JCST will have rights of attendance at the ITOG:
- Chair of the JCST (ex officio)
  - JCST QA lead (ex officio)
  - ISCP Surgical Director (ex officio)
  - Head and Deputy Head of the JCST Secretariat
  - JCST Quality Manager
  - Head of the ISCP

19.5 The ITOG will be chaired by a Chair appointed by a process to be determined by the Chair of the JCST.

19.6 The Chair of the ITOG will sit as a full voting member of the JCST.

19.7 The ITOG will meet no more than twice each year.

## **20.0 Appointment and term of office of ITOG Chair\*\***

- 20.1 The Chair:
- will be appointed by a panel convened by the Chair of the JCST and involving representation from at least two of the Surgical Colleges and from at least two of the Specialty Associations involved in Interface Fellowships – this will be run on a rotational basis which is yet to be agreed
  - will be appointed after an open call for nominations/applications among those eligible to apply
  - will require to have been a member of a TIG within the two years prior to appointment
  - will be appointed for a fixed period of three years
  - will be subject to an annual appraisal process conducted by the Chair of the JCST

## **21.0 Responsibilities of the ITOG Chair (appendix 4)**

- 21.1 The responsibilities of the ITOG Chair will be:
- To oversee the functions of the ITOG as set out in current guidance and to ensure that these are carried out to a satisfactory standard within the resources available;
  - To work with the GMC, LETBs, Deaneries and Schools of Surgery to support national and local quality assurance and quality management processes. This will include responsibility for the annual report for all TIG Fellowships, which will inform the overall Annual Specialty Report (ASR) that the JCST submits to the GMC;
  - To carry out appraisals of ITOG Committee members in accordance with JCST policy;
  - To establish an agreed process to select and recruit new TIG Chairs (with input from the JCST Chair)
  - To contribute as needed to processes for the recruitment and selection of trainees;

- To work with and support the Specialty Manager(s) responsible for TIG Fellowships and other members of the JCST team as needed
- To deal with any internal difficulties arising within the ITOG and periodically to consult with committee members on their roles;
- To chair the ITOG meetings (two per year, one of which should include a meeting with lead trainers in all Interface Fellowships) and any additional meetings that may be required;
- To confirm the agendas and minutes for these meetings;
- To complete any actions arising from the meetings
- To deal with correspondence and take action on TIG and training issues as needed;
- To be involved as needed with the recruitment and appointment of new members to the ITOG and to be involved in their induction;
- To attend JCST meetings and pre-JCST meetings of the SAC Chairs (4 per year rotating through London, Edinburgh and Glasgow) and to report on developments within the ITOG and the TIGs;
- To work with SAC Chairs within the JCST to develop a coordinated approach to areas of interest common to all specialties and surgical training in general throughout the UK and Ireland;
- To attend other meetings and liaise with other external bodies as needed;
- To be involved in discussions about potential TIG Fellowship in other areas of niche surgical work
- To appraise the performance of ITOG committee members;
- Oversee the award of certificates of completion of TIG Fellowship training;
- Oversee the input of Fellowship Training Programme Directors to the ARCP process in the home LETB / Deanery of TIG Fellows.

Graham Haddock

6<sup>th</sup> October, 2015, Revised 9<sup>th</sup> October, 2015, Revised 16<sup>th</sup> October, 2015  
Finalised 6<sup>th</sup> November, 2015

Post consultation draft 22<sup>nd</sup> February, 2016  
Revised 9<sup>th</sup> March, 2016

## **Appendix 1**

### A Review of Training Interface Groups (TIGs) - Terms of reference

As part of the JCST Strategy process, it has been determined that a root and branch review of the Training Interface Groups (TIGs) which fall under the auspices of the JCST and its SACs, should be undertaken. This review was initially included in the remit of the working group reviewing the structure and function of the SACs as a late addition, but it became clear that the scope of the TIG review would have to be wider and more extensive than had initially been anticipated.

#### **A] Terms of reference**

It has been decided to establish a second short life working group to review all aspects of TIG structure and function with the following terms of reference:

- To review the governance, structure, function and membership of each TIG
- To review the roles and responsibilities of TIG members including in:
  - Quality assurance
  - Selection and recruitment
  - Workforce planning
- To explore alternative TIG structures, functions and membership
- To explore alternative models to allow each TIG to deliver externality
- To review areas of difficulty faced by each TIG
- To clarify and define the role of the Lead Deanery for TIGs and its relationship to other host Deaneries/LETBs etc
- To explore the relationships of each TIG with:
  - parent SACs
  - the JCST
  - other intercollegiate and collegiate bodies
  - the GMC
  - Schools of the Surgery, Deaneries, LETBs and similar structures in the devolved nations and Ireland
  - The Lead Dean
  - The Centre for Workforce Intelligence and other Department of Health bodies in the four UK nations and Ireland
  - The Specialty Associations
  - Trainee groups
  - Interested lay members
- To review the selection process for TIG chairs
- To review the role description of the Educational Advisor for TIGs
- To review the functions of the TIGs in identifying suitable fellowship posts and making appropriate recommendations to the GMC for training recognition
- To define the entry criteria for appointment to a TIG fellowship
- To explore the need for further TIGs and the process to be followed for the establishment of a TIG
- To review the current meeting pattern of each TIG
- To review the current costs relating to each TIG To consider the cost implications of any proposed changes to the above
- To consider the staffing implications of any proposed changes to the above

## B] Membership of working group

It is proposed that that membership of the short life working group should comprise:

- An independent chair
- Two SAC Chairs from specialties involved in TIGs
- Two TIG Chairs
- A trainee representative (preferably someone in a TIG fellowship appointment)
- The chair of the JCST
- A member of the JCST secretariat
- The Lead Dean for TIGs

## C] Timeline

It is hoped that this work can be undertaken by January 2016:

- |                          |  |
|--------------------------|--|
| • May 2015               | membership of working group established  |
| • June/July 2015         | first meeting <ul style="list-style-type: none"><li>• face to face</li><li>• defining workstreams</li><li>• scoping of project</li></ul> |
| • July/August 2015       | information gathering  |
| • September 2015         | second meeting and formulation of proposals  |
| • September/October 2015 | formulation of proposals   |
| • November/December 2015 | consultation on proposals  |
| • January 2016           | final report to JCST   |

Graham Haddock  
Chair, TIG Review Working Group  
5<sup>th</sup> May, 2015

## **Appendix 2**

Draft role description for the Fellowship Training Programme Directors (FTPD)

### **JOB DESCRIPTION**

<b>Job Title:</b>	Interface Fellowship Training Programme Director
<b>Tenure:</b>	3 years (potentially renewable for a second period of three years, subject to approval of the Lead Dean and the Chair of the TIG)
<b>Accountable to:</b>	Lead Dean and the Chair of the TIG
<b>Reports to:</b>	Chair of the TIG
<b>Commitment:</b>	0.5 Programmed Activities per week. This work must be included in the Employees Job Plan.

### **Introduction**

Interface Fellowship Training Programme Directors are commissioned and appointed by the Lead LETB to direct and manage Training Interface Fellowship training placements and rotations across Local Education Providers (LEPs).

The appointment is for 3 years in the first instance (probationary for 12 months), subject to appraisal and review.

As a provider of medical education and training, Fellowship Training Programme Directors should undergo regular appraisal involving the Lead Dean (or deputy) and the Chair of the TIG.

### **Principal Duties and Responsibilities**

#### **a) Administration**

- Ensure all TIG Fellows within your area of responsibility receive an appropriate induction into the fellowship, and to ensure that the induction takes place in a timely manner
- Participate in shortlisting and interviews for TIG Fellowships in consultation and liaison with the Lead Dean and the Lead LETB
- Produce an annual report on the workings of the TIG Fellowship and the performance of both Fellows and Interface Fellowship Training Units and submit to the Lead Dean, The Chair of the TIG and the Chair of the ITOG and contribute to the Annual Specialty Report submitted to the GMC by the JCST
- Collate necessary evidence for Lead LETB and JCST Quality Management of the Fellowship Training Programme
- Support Assigned Educational Supervisors (AES) in the Fellowship programme, advising on trainees with difficulties (in line with Lead LETB policies and procedures)
- In conjunction with the Lead LETB, ensure that AESs have undertaken Educational Supervisors training
- Support and advise Assigned Educational and Clinical Supervisors
- Identify any opportunities to use simulation within the Fellowship Training programme, as appropriate
- Actively participate in promotion of the TIG Fellowship where there is a need to do so
- Actively participate in the TIG Committee

## **b) Training Programme Co-ordination**

- Develop and supervise the Training Interface Fellowship training programme to provide high quality interface training for Fellows
- Develop and maintain the curriculum for the relevant specialty interest
- Organise, manage and direct the Fellowship Programme across LETB/Deanery boundaries, ensuring the Programme meets curriculum requirements
- Work closely with the Trust Directors of Medical Education where appropriate
- In conjunction with the Lead Dean and the Deanery/LETB Office staff, monitor the quality of placements using the JCST trainee survey, the GMC trainee survey and any other tools developed for this purpose, analysing placement feedback responses and in consultation with the Chair of the TIG, give guidance on future placements as appropriate, ensuring that appropriate response and actions are made
- Ensure that appointed Fellows follow the prescribed OOPT process where necessary
- Participate in triggered or Lead LETB led QA visits
- Co-ordinate and participate in the Annual Review of Competence Progression (ARCP) process for Fellows in your Fellowship programme
- Ensure revalidation processes are fully incorporated into the assessment process
- In line with lead and host LETB/Deanery policies and procedures, and where appropriate provide support for doctors in training who are experiencing competence or performance difficulties ensuring that potential problems are notified at an early stage and remediation is arranged where necessary.
- Ensure Fellows have access to career counselling
- Oversee the progress of individual trainees through the Fellowship curriculum; ensure learning objectives are set, appropriate assessments carried out, and appropriate supervision and support is in place

## **c) The TIG**

- Attend all meetings of the TIG and contribute to the business of this committee in a collegiate way
- Attend all meetings of the ITOG and contribute to the business of this committee in a collegiate way
- Play a full part in the activities of the TIG and the ITOG and share in their responsibilities and duties through liaison with the Chair of the TIG and the Chair of the ITOG

## **d) Key Liaisons**

- TIG Chair and committee members
- ITOG Chair and committee members
- Lead Dean
- Director of Medical Education in Trusts
- Lead LETB Office staff and JCST Office staff
- Parent SACs
- Assigned Educational Supervisors
- SAC liaison members
- College Tutors
- GMC
- Local TPD Admin support and Medical Education Centre staff

## PERSON SPECIFICATION

Attribute or skill	Essential	Desirable
Specialist Expertise in Training	<ul style="list-style-type: none"> <li>• An established clinician committed to the successful implementation, development and evaluation of the Fellowship curriculum and training programmes</li> <li>• Knowledge of all aspects of specialty training organisation including appointments processes, trainee assessments and trainer standards as described in the Gold Guide</li> <li>• Demonstrable enthusiasm for teaching and training at an undergraduate or postgraduate level</li> <li>• Commitment to equality and diversity policies, the race relations act and has undertaken the necessary mandatory training for participation in appointments panels</li> <li>• Knowledge of current issues in relation to specialty training</li> </ul>	Management expertise
Appropriate Attitude	<ul style="list-style-type: none"> <li>• Good leadership qualities</li> <li>• Ability to work well in a team</li> <li>• Proven interest in learning</li> <li>• Experience of the provision of learning support</li> <li>• A commitment to the NHS and currently employed by the NHS (or with an Honorary NHS contract)</li> </ul>	
Educational Expertise	<ul style="list-style-type: none"> <li>• Attendance at appropriate courses on assessment and appraisal</li> <li>• Willingness to develop training programmes in line with Department of Health/Royal College and/or GMC guidelines</li> <li>• Evidence of teaching and training to a high standard</li> <li>• Demonstrable ‘hands on’ experience of delivering high quality surgical training</li> <li>• Experience of supervision and support for the development of specialist surgeons through educational review and appraisal</li> </ul>	<p>Additional relevant qualification e.g. Diploma or Master in Education</p> <p>Evidence of fulfilling the requirements of CPD</p> <p>A track record in leadership in education</p> <p>Experience of organising educational courses</p>
Skills	<ul style="list-style-type: none"> <li>• Experience within the specialty at consultant level for a</li> </ul>	Ability to delegate



	<p>minimum of five years</p> <ul style="list-style-type: none"> <li>• Experience of having been a TIG trainer, TIG Committee member or SAC member in one of the parent specialties of the TIG</li> <li>• Excellent communication skills</li> <li>• Evidence of appropriate trainer training courses including clinical teaching and educational supervision</li> <li>• Willingness to engage in self-development IT/web literate</li> </ul>	<p>Active listener</p>
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**Appendix 3**

Future Training Interface Group (TIG) membership:

	<b>Cleft, Lip &amp; Palate Surgery</b>	<b>Hand Surgery</b>	<b>Head &amp; Neck Surgical Oncology</b>	<b>Oncoplastic Breast Surgery</b>	<b>Reconstructive Cosmetic Surgery</b>
<b>Chair</b>	Yes	Yes	Yes	Yes	Not included in this review
<b>Fellowship Training Programme Director (FTPD)</b>	Yes	Yes	Yes	Yes	
<b>SAC representatives (maximum 3)</b>	Yes (OMFS, ENT and Plastic Surgery)	Yes (Plastic Surgery and T&O)	Yes (OMFS, ENT and Plastic Surgery)	Yes (General Surgery and Plastic Surgery)	
<b>Specialty Association representatives (maximum 3)</b>	CFSGBI	BSSH	BAHNO	BAPRAS and ABS	
<b>Trainee representatives (maximum 2)</b>	Yes	Yes	Yes	Yes	

## **Appendix 4**

### **Chair of the Interface Training Oversight Group (ITOG): Draft role description**

The JCST acts jointly on behalf of the four surgical Royal Colleges of the UK and Ireland, and the Specialty Surgical Associations in Great Britain and Ireland for all matters related to surgical training in the UK and Ireland. It is organised on a Committee structure; the JCST is the parent body responsible for policy issues and delegates matters relating to each surgical specialty to its subcommittees, the Specialty Advisory Committees (SACs).

The Interface Training Oversight Group (ITOG) oversees the governance, function and delivery of training in four training interface groups – Hand Surgery, Cleft Lip & Palate Surgery, Oncoplastic Breast Surgery and Head & Neck Oncology Surgery. The workings of the Reconstructive Cosmetic Surgery TIG are currently under review. The committee is responsible for curriculum and Fellowship outcome development for the TIG Fellowships and has a key role with the lead LETB in quality assurance of training and selection and recruitment to the Fellowships.

The Chair will be responsible for leading the Interface Training Oversight Group at a time of significant and continuing change. It is likely to be a time-consuming position that requires great commitment. Extensive experience of training in the one of the relevant surgical specialties and recent familiarity with some aspect of TIG Fellowship training are essential, as is experience in chairing committees. The Chair will also need to be familiar with the training structures currently operating within the UK as well as with the separate system operating within the Irish Republic.

The ITOG Chair will work within the framework of the Joint Committee on Surgical Training (JCST), under the direction of its Chair. He/she will be subject to an annual appraisal process conducted by the JCST Chair. The JCST is an intercollegiate body, accountable to the 4 surgical colleges of the UK and Ireland. A good working relationship with the Lead Dean for TIGs is essential.

The principal areas of work for the ITOG are as follows:

#### **Intercollegiate Surgical Curriculum Programme (ISCP)**

The ITOG will be responsible, with the relevant TIGs and parent SACs, for the content of the web-based curriculum for TIG Fellowships. The curriculum has been approved by the General Medical Council (GMC), but needs to be kept under review and updated on a regular basis. Ad hoc short term working groups will need to be established approximately every three years to review and amend the TIG Fellowship curricula.

It is also vital for the ITOG Chair to demonstrate leadership and to encourage both trainees and trainers to use the ISCP to its full potential. The ITOG Chair will be expected to work closely with the ISCP Surgical Director.

#### **Quality Enhancement**

Through its Liaison Members the SACs work closely with Postgraduate Deaneries, LETBs and Schools of Surgery and are willing to provide external quality control in all matters connected with surgical training, as stipulated in the GMC's Quality Improvement Framework. The ITOG will avail itself of these structures to inform the committee and the TIGs about the quality of delivery of TIG Fellowship training. It will also contribute to the JCST's own Quality Enhancement strategy and will be involved in setting standards for TIG Fellowship training and for trainers.

### **Training Structures, Recruitment and Selection**

The ITOG will be expected to contribute to discussions about the evolving structure of postgraduate surgical training. It will also work closely with Health Education England (HEE) and others to design national person specifications and determine other selection arrangements and will play a leading role in overseeing the national recruitment process. In addition the ITOG will contribute to the JCST's own work in defining and disseminating best practice in selection and recruitment.

### **General Medical Council (GMC)**

The Postgraduate Medical Education and Training Board (PMETB) was the regulatory body for all matters relating to specialist training in the UK from September 2005 until April 2010, at which point it merged with the GMC. The JCST, the SACs, the ITOG and the TIGs operate within the framework established by PMETB and now taken forward by the GMC. The ITOG Chair must be familiar with, and ensure that the workings of the ITOG and the TIGs are compatible with, GMC standards, requirements, principles and guidance.

### **Specialty Association**

The ITOG, through the TIGs, will be expected to work closely with relevant specialty associations involved in TIG Fellowship training.

### **Equality and Diversity**

The JCST is committed to applying best practice in equality and diversity to all that we do. The ITOG Chair will be expected to comply with the intercollegiate equality and diversity policy and to contribute to eliminating unlawful discrimination and advancing equality of opportunity in surgical training

### **The Role of the ITOG Chair**

- To oversee the functions of the ITOG as set out in current guidance and to ensure that these are carried out to a satisfactory standard within the resources available;
- To work with the GMC, LETBs, Deaneries and Schools of Surgery to support national and local quality assurance and quality management processes. This will include responsibility for the annual report for all TIG Fellowships, which will inform the overall Annual Specialty Report (ASR) that the JCST submits to the GMC;
- To carry out appraisals of ITOG Committee members in accordance with JCST policy;
- To contribute as needed to processes for the recruitment and selection of trainees;
- To work with and support the Specialty Manager(s) responsible for TIG Fellowships and other members of the JCST team as needed
- To deal with any internal difficulties arising within the ITOG and periodically to consult with committee members on their roles;
- To chair the ITOG meetings (two per year, one of which should include a meeting with lead trainers in all Interface Fellowships) and any additional meetings that may be required;
- To confirm the agendas and minutes for these meetings;
- To complete any actions arising from the meetings
- To deal with correspondence and take action on TIG and training issues as needed;
- To be involved as needed with the recruitment and appointment of new members to the ITOG and to be involved in their induction;
- To attend JCST meetings and pre-JCST meetings of the SAC Chairs (4 per year rotating through London, Edinburgh and Glasgow) and to report on developments within the ITOG and the TIGs;
- To work with SAC Chairs within the JCST to develop a coordinated approach to areas of interest common to all specialties and surgical training in general throughout the UK and Ireland;
- To attend other meetings and liaise with other external bodies as needed;

- To be involved in discussions about potential TIG Fellowship in other areas of niche surgical work
- To appraise the performance of ITOG committee members;
- Oversee the award of certificates of completion of TIG Fellowship training;
- Oversee the input of Fellowship Training Programme Directors to the ARCP process in the home LETB / Deanery of TIG Fellows.

### **Terms and Conditions**

The term of office for this post is 3 years. The time commitment includes time attending meetings in London or elsewhere, which is likely to amount to 2-3 days per calendar month, plus other follow-up work which the Chair will need to organise to suit his/her working arrangements. The Chair will need to include this activity in any job plans negotiated with his or her employers. **Those applying for the post will be asked to confirm that they have discussed their application with their employers and have their support.** Chairs should claim expenses from their employing Trusts or Health Boards. Some support will be available for the Chair's secretarial expenses. Further details are available from the JCST secretariat.

November 2015

Revised February 2016

## **PERSON SPECIFICATION**

### **Chair, Interface Training Oversight Group (ITOG)**

#### **Essential qualifications and experience**

- Practising surgeon on the GMC's Specialist Register and in good standing with employer and the GMC;
- Active or very recent experience as a surgical trainer, for example as an Assigned Educational Supervisor;
- Active or very recent TIG fellowship trainer or TIG Committee members or SAC Committee member
- Current within 2 years of recruitment process;
- Completion of an appropriate Training the Trainers course;
- Completion of equality and diversity training and a demonstrable commitment to equality and diversity
- Familiarity with the Intercollegiate Surgical Curriculum Programme (ISCP)
- Thorough knowledge of the current medical training environment
- Knowledge of GMC principles, practices and guidance

#### **Desirable qualifications and experience**

- Experience of the administration/management of training, for example as a Training Programme Director or Chair of a Regional Specialty Training Committee;
- Experience of chairing committees

#### **Essential skills and abilities**

- Forward looking with the ability to manage change
- Excellent oral and written communication skills
- Excellent presentation skills
- Able to lead a team
- Able to develop consensus across a wide range of key stakeholders
- Excellent interpersonal and management skills